| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968366 | 10/10/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| De Jay's Adult Care, Llc | 700 Nw 65th Avenue Plantation, FL 33317 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - E205 - 58a-5.030(6) Fac - Ecc - Health Assessment S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Extended Congregated Care Services (ECC ) monitoring survey was conducted on _____ at Dejay's Adult Care. The facility had a deficiency found at the time of the visit.

This survey was conducted in conjunction with the complaint survey, CCR#2014007897 on the same date. Please see separate report for findings.

**E205-ECC - Health Assessment 58A-5.030(6) FAC**

Based on interview and record review, the facility failed to obtain an annual health assessment for 1 out 1 residents (Resident #1) receiving Extended Congregated Care (ECC) services.

The findings include:

Review of Resident #1's medical record revealed the Resident Health Assessment form (AHCA form 1823) dated on _____ documented the resident had a medical history including _____ functional decline, and _____ Review of the admission ECC Service Plan dated on _____ completed by the ECC nurse revealed the resident required assistance with all ADL care.

An interview was conducted with the ECC Registered Nurse on _____ at approximately 10:30AM, she stated that the resident had been evaluated by the physician but an updated assessment form had not been completed. She acknowledged the ECC requirement that, a new assessment should be obtained

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annually and documentation placed in the resident's medical record.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
De Jay's Adult Care, Llc
700 NW 65th Avenue
Plantation, FL 33317

**RE: Extended Congregated Care (ECC)**

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on 2014 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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